

K060087

JAN 24 2006

510(k) Premarket Notification

ACCUVIX V7 Diagnostic Ultrasound System

510(K) SUMMARY OF SAFETY AND EFFECTIVENESS

This summary of safety and effectiveness is provided as part of this Premarket Notification in compliance with 21 CFR, Part 807, Subpart E, Section 807.92.

1. Submitter's Information: 21 CFR 807.92(a)(1)

Medison Co. Ltd.
997-10, Daechi-dong, Gangnam-gu,
Seoul 135-280, Korea

Contact Person:

Mr. Kyung-Am, Shim
Regulatory Affairs Manager

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Data Prepared:

December 15, 2005

2. Name of the device:

Common/Usual Name:

Diagnostic Ultrasound System and Accessories

Proprietary Name:

ACCUVIX V7 Diagnostic Ultrasound System

Classification Names:

Ultrasonic Pulsed Doppler Imaging System
Ultrasound Pulsed Echo Imaging System
Diagnostic Ultrasound Transducer

FR Number

892.1550
892.1560
892.1570

Product Code

90-IYN
90-IYO
90-ITX

3. Identification of the predicate or legally marketed device:

K052911, 10/31/2005, ACCUVIX XQ Diagnostic Ultrasound System
K013627, 11/16/2001, SA8000 Diagnostic Ultrasound System

4. Device Description:

The ACCUVIX V7 is a general purpose, mobile, software controlled, diagnostic ultrasound system. Its function is to acquire ultrasound data and to display the data as 2D mode, M mode, Color Doppler imaging, Power Doppler imaging, Harmonic imaging, and PW Spectral Doppler mode on the CRT display. It also provides the 3D imaging mode using the 3D probe in the Mechanical scan mode.

The ACCUVIX V7 has real time acoustic output display with two basic indices, a mechanical index and a thermal index, which are both automatically displayed. The system also provides for the measurement of anatomical structures and for analysis packages that provide information used for clinical diagnostic purposes by competent health care professionals.

The ACCUVIX V7 has been designed to meet the following product safety standards:

- UL 60601-1, Safety requirements for Medical Equipment
- CSA C22.2 No. 601.1, Safety requirements for Medical Equipment
- IEC60601-2-37, Diagnostic Ultrasound Safety Standards
- EN/IEC60601-1, Safety requirements for Medical Equipment
- EN/IEC60601-1-2, EMC requirements for Medical Equipment
- NEMA UD 2-2004 Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment
- NEMA UD 3-2004 Standard for Real Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment
- IEC 61157, Declaration of the acoustic output
- ISO10993, Biocompatibility

5. Intended Uses:

The ACCUVIX V7 system and transducers are intended for diagnostic ultrasound imaging and fluid analysis of the human body.

The clinical applications include:

General, Obstetrics, Gynecology, Extremity, Urology, Breast, Renal, Vascular, Pediatric, Abdomen, Cardiac, Neonatal, Fetal Echo, Carotid, Varicose, Fetal Abdominal, Small organ, Intra-operative, Cephalic, Muscular-skeletal, Trans-rectal, Trans-vaginal, Contrast Agent, Transesophageal and Peripheral-vascular applications.

6. Technological Characteristics:

The ACCUVIX V7 is substantially equivalent to the ACCUVIX XQ Diagnostic Ultrasound System, cleared via K052911, and the SA8000 Diagnostic Ultrasound System, cleared via K013627. All systems transmit ultrasonic energy into patients, then perform post processing of received echoes to generate on-screen display of anatomic structures and fluid flow within the body. All system allow for specialized measurements of structures and flow, and calculations.

END of 510(K) Summary



JAN 24 2006

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Medison Co., Ltd.
% Mr. Mark Job
Responsible Third Party Official
Regulatory Technology Services LLC
1394 25th Street NW
BUFFALO MN 55313

Re: K060087

Trade Name: ACCUVIX V7 Diagnostic Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulatory Number: 21 CFR 892.1560
Regulatory Name: Ultrasonic pulsed echo imaging system
Regulatory Number: 21 CFR 892.1570
Regulatory Name: Diagnostic ultrasonic transducer
Regulatory Class: II
Product Code: IYN, IYO, and ITX
Dated: January 10, 2006
Received: January 12, 2006

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the ACCUVIX V7 Diagnostic Ultrasound System, as described in your premarket notification:



Protecting and Promoting Public Health

Transducer Model Number

<u>C1-4EC</u>	<u>MPT4-7AO</u>
<u>C2-6IC</u>	<u>P2-4AC</u>
<u>C3-7IM</u>	<u>P3-5AC</u>
<u>C5-2EL</u>	<u>P3-7AC</u>
<u>EC4-9ES</u>	<u>3D2-5EH</u>
<u>EC4-9IS</u>	<u>3D4-7EK</u>
<u>L4-7EL</u>	<u>3D5-8EK</u>
<u>L6-12IS</u>	<u>VNW6-12</u>
<u>L8-15IS</u>	<u>CW2.0</u>
<u>LS5-13EC</u>	<u>CW4.0</u>

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

Food and Drug Administration
Center for Devices and Radiological Health
Document Mail Center (HFZ-401)
9200 Corporate Boulevard
Rockville, Maryland 20850

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Nancy C. Brogdon". The signature is fluid and cursive, with the first name "Nancy" being more prominent.

Nancy C. Brogdon
Director, Division of Reproductive,
Abdominal and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure(s)

Section 4.3 INDICATIONS FOR USE

DIAGNOSTIC ULTRASOUND INDICATIONS STATEMENT

510(k) No.:

Device Name: ACCUVIX V7 Diagnostic Ultrasound System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	N	N	N	N	N	Note 1	Notes 2, 7, 8
	Abdominal	N	N	N	N	N	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)	N	N	N		N	Note 1	Note 8, 9
	Intra-operative (Neuro.)	N	N	N		N	Note 1	Note 8, 9
	Laparoscopic							
	Pediatric	N	N	N	N	N	Note 1	Note 2,4,5,6,7,8,9
	Small Organ (See Note 5)	N	N	N		N	Note 1	Note 2,5,6,8,9
	Neonatal Cephalic	N	N	N	N	N	Note 1	
	Adult Cephalic	N	N	N	N	N	Note 1	Note 4, 7
	Trans-rectal	N	N	N		N	Note 1	Note 2, 3, 8
	Trans-vaginal	N	N	N		N	Note 1	Note 2, 3, 8
	Trans-urethral							
	Trans-esoph. (non-Cardiac)	N	N	N	N	N		Note 7, 8
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 2,5,6,8,9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 2,5,6,8,9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult	N	N	N	N	N	Note 1	Note 4, 7
	Cardiac Pediatric	N	N	N	N	N	Note 1	Note 4, 7
	Trans-esophageal (Cardiac)	N	N	N	N	N	Note 1	Note 7, 8
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N	N	N	Note 1	Note 5, 6, 9
	Other (spec.)				N			

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** C1-4EC for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	N	N	N		N	Note 1	Notes 2, 7, 8
	Abdominal	N	N	N		N	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	N	N	N		N	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

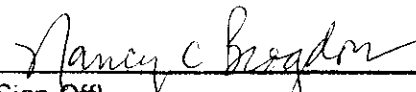
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number 2060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** C2-6IC for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K032329; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** C3-7IM for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K032329; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)

Nancy C. Brogdon
 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** C5-2EL for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients


Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** EC4-9ES for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		P	Note 1	Note 2, 8
	Trans-vaginal	P	P	P		P	Note 1	Note 2, 8
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K013627 and K002185; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

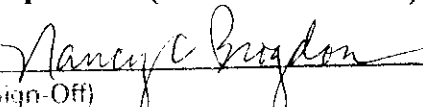
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: EC4-9IS for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		P	Note 1	Note 2, 8
	Trans-vaginal	P	P	P		P	Note 1	Note 2, 8
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K032329; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

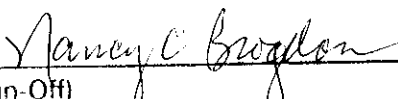
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: **L4-7EL for use with ACCUVIX V7**Intended Use: **Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Small Organ (See Note 5)	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N		N	Note 1	Note 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients


Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: L6-12IS for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel


Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 Suffix Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** L8-15IS for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)**

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

*Nancy Brogan**K060087*

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** LS5-13EC for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)	N	N	N		N	Note 1	Note 8, 9
	Intra-operative (Neuro.)	N	N	N		N	Note 1	Note 8, 9
	Laparoscopic							
	Pediatric	N	N	N		N	Note 1	Note 8, 9
	Small Organ (See Note 5)	N	N	N		N	Note 1	Note 8, 9
	Neonatal Cephalic	N	N	N		N	Note 1	Note 8, 9
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 8, 9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 8, 9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N		N	Note 1	Note 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**

(Division Sign Off)

Division of Reproductive, Abdominal,

and Biomedical Devices

510(k) Number

K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** MPT4-7AO for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)	P	P	P	P	P	Note 1	Note 7, 8
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)	P	P	P	P	P	Note 1	Note 7, 8
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**

Nancy C Brogdon
 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** P2-4AC for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	P	P	P	P	P	Note 1	Note 4, 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	Note 1	Note 4, 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult	P	P	P	P	P	Note 1	Note 4, 7
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients


Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: P3-5AC for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	P	P	P	P	P	Note 1	Note 4, 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	Note 1	Note 4, 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult	P	P	P	P	P	Note 1	Note 4, 7, 10
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7, 10
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)

Nancy Brozdon
Deputy Associate Director
Office of Device Evaluation
K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: P3-7AC for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	P	P	P	P	P	Note 1	Note 4, 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P	P	P	Note 1	Note 4, 7
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	Note 1	Note 4, 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7, 10
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K032329; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: 3D2-5EH for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	N	N	N		N	Note 1	Notes 2, 7, 8
	Abdominal	N	N	N		N	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients


Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** 3D4-7EK for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

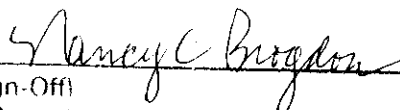
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**

 (Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** 3D5-8EK for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		P	Note 1	Notes 2, 8
	Trans-vaginal	P	P	P		P	Note 1	Notes 2, 8
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients


Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**


 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**510(k) No.:****Device Name:** VNW6-12 for use with ACCUVIX V7**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 8
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 8
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 8
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 8
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 2, 8
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K032329; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)**Prescription Use (Per 21 CFR 801.109)**

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K060087

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CW2.0 for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic				P			
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult				P			
	Cardiac Pediatric				P			
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel				P			
	Other (spec.)				P			

N= new indication; P= previously cleared by K052911 and K032329; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,

and Urological Devices

FDA Number

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CW4.0 for use with ACCUVIX V7

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric				P			
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic				P			
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult				P			
	Cardiac Pediatric				P			
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel				P			
	Other (spec.)				P			

N= new indication; P= previously cleared by K052911 and K013627; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PW Doppler, B/Color Doppler, B/Color Doppler/PW Doppler, B/Power Doppler/PW Doppler, B/Color Doppler/Color M

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

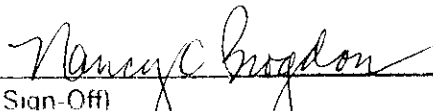
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)
 Prescription Use (Per 21 CFR 801.109)


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 and Radiological Devices

510(k) Number

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